

1650-S

Sponsor(s): House Committee on Health Care (originally sponsored by Representatives Cody, Alexander, Tokuda, Mulliken, Doumit, Schual-Berke, Edwards and Kagi)

Brief Description: Requiring monitoring of the performance of the community mental health service delivery system.

HB 1650-S - DIGEST

(DIGEST AS ENACTED)

Requires monitoring of the performance of the community mental health service delivery system.

VETO MESSAGE ON HB 1650-S

May 15, 2001

To the Honorable Speakers and Members,

The House of Representatives of the State of Washington
Ladies and Gentlemen:

I am returning herewith, without my approval as to sections 5, 6, 7, and 20, Substitute house Bill No. 1650 entitled:

"AN ACT Relating to community mental health services;"

Substitute House Bill No. 1650 implements several recommendations of a recent performance audit of the community mental health system by the Joint Legislative Audit and Review Committee (JLARC). I support those recommendations relating to funding flexibility, performance measurement, and other improvements. I also support the bill's goal of minimizing administrative expenses at all levels of the mental health system.

Section 5 of the bill would have required the Department of Social and Health Services (DSHS), to collaborate with others, including Regional Support Networks and community treatment providers, to develop performance measures for use in evaluating and managing the mental health system. I strongly support this recommendation. However, developing these measures and designing the data system they will require would cost over \$1 million. The budget adopted by the House includes this funding, but the Senate budget does not. Without assurance of funding, I am unwilling to let this requirement become law.

Sections 6 and 7 of the bill would have required use of the performance measures in section 5 to evaluate programs and make reports to the legislature. Without section 5, sections 6 and 7 have no meaning.

If, during the special session, the legislature chooses to enact sections 5, 6, and 7, with funding assured, I will gladly sign those sections because I support their intent.

Section 20 of the bill would have required DSHS to develop a plan to reduce mental health system administrative expenses, including in the Regional Support Networks and community-based treatment providers, to ten percent of available funds, and submit the plan to the legislature by December 15, 2001, with an assumed implementation date of July 1, 2003.

Minimizing administrative costs is an important goal for any program. But the Secretary of DSHS advises me that developing a realistic plan to achieve that goal for the mental health system as a whole will take longer than seven months, in part because it requires the active participation of mental health providers and Regional Support Networks.

The legislature's intent to see a plan implemented in July 2003 allows enough time to develop such a plan properly. Therefore, I have vetoed section 20 and direct DSHS to work with appropriate stakeholders to complete the plan, and make recommendations to me and to the legislature by October 1, 2002.

For these reasons, I have vetoed sections 5, 6, 7, and 20 of Substitute House Bill No. 1650.

With the exception of sections 5, 6, 7, and 20, Substitute House Bill No. 1650 is approved.

Respectfully submitted,
Gary Locke
Governor